

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215544142				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CENTRAL SECURITY LIFE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2015</p> <p>SCC ID NO: F0497232</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200,000
CLASS	AUTHORIZED					
COMMON	200,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2175 N GLENVILLE DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHARDSON, TX 75082</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES G LEWIS TITLE: PRESIDENT ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES G LEWIS TITLE: PRESIDENT ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES G LEWIS TITLE: PRESIDENT ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONIS K BALFOUR TITLE: EX VP ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONIS K BALFOUR TITLE: EX VP ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONIS K BALFOUR TITLE: EX VP ADDRESS: 2175 N GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY B COX TITLE: SVP/S/T ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY B COX TITLE: SVP/S/T ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY B COX TITLE: SVP/S/T ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM H. LEWIS, JR. TITLE: CHAIRMAN ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM H. LEWIS, JR. TITLE: CHAIRMAN ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM H. LEWIS, JR. TITLE: CHAIRMAN ADDRESS: 2175 N. GLENVILLE DRIVE CITY/ST/ZIP/CO: RICHARDSON, TX 75082	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM BAKER TITLE: DIRECTOR ADDRESS: 6312 GLENNOX LN CITY/ST/ZIP/CO: DALLAS, TX 75214 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM BAKER TITLE: DIRECTOR ADDRESS: 6312 GLENNOX LN CITY/ST/ZIP/CO: DALLAS, TX 75214	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM BAKER TITLE: DIRECTOR ADDRESS: 6312 GLENNOX LN CITY/ST/ZIP/CO: DALLAS, TX 75214	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CARRIE EARLS TITLE: DIRECTOR ADDRESS: 23220 CR 448 CITY/ST/ZIP/CO: LINDALE, TX 75771 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CARRIE EARLS TITLE: DIRECTOR ADDRESS: 23220 CR 448 CITY/ST/ZIP/CO: LINDALE, TX 75771	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CARRIE EARLS TITLE: DIRECTOR ADDRESS: 23220 CR 448 CITY/ST/ZIP/CO: LINDALE, TX 75771	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME:	BRYAN EARLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23220 CR 448		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		
NAME:	DAVID EPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9515 FAIRCREST		
CITY/ST/ZIP/CO:	DALLAS, TX 75238		
NAME:	RODNEY JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 163063		
CITY/ST/ZIP/CO:	AUSTIN, TX 78716		
NAME:	AMY LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4608 DRIFTWOOD DR		
CITY/ST/ZIP/CO:	FRISCO, TX 75034		
NAME:	KAYLEEN L WELSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2175 N. GLENVILLE DRIVE		
CITY/ST/ZIP/CO:	RICHARDSON, TX 75082		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GARY B COX	GARY B COX, SVP/S/T	12/9/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			